



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200001

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TWENTY NINE CANAL STREET, INC

DOING BUSINESS AS DAR BAH

ADDRESS 29 CANAL ST.

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: FOLEY, RICHARD TYPE OF LICENSE: Restaurant  
R.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

FRONT ENTRANCE AND EXIT ON CANAL STREET; ENTRANCE AND EXIT AT REAR. ONE FLOOR, THREE ROOMS, CELLAR FOR STORAGE. ALSO 31 CANAL STREET. A FENCED IN YARD AREA CONSISTING OF APPROX. 5362 SQ. FT. CONTAINING AN AREA FOR TABLES AND CHAIRS AND OUTDOOR RECREATION.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200002

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ELM ENTERTAINMENT CORPORATION

DOING BUSINESS AS ELM DRAUGHT HOUSE CINEMA

ADDRESS 35 ELM ST.

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: PERRY, JAMES R. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STREET LEVEL FLOOR, THEATER SERVICE WINE AND MALT BEVERAGES. CELLAR USED  
FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200003

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PERKINS ENTERTAINMENT LLC

DOING BUSINESS AS MILL TOWNE TAVERN

ADDRESS 49 ELM ST.

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: PERKINS,  
PAMELA A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

ONE STORY STICK BUILT BLDG. WITH A FULL CELLAR USED FOR STORAGE; 30 X 60 ON THE RIGHT SIDE, 30 X 68 ON THE LEFT SIDE, APPROXIMATELY 1,960 SQ. FT. ONE KITCHEN/UTILITY RM, TWO RESTROOMS LOUNGE AREA, TWO ENTRANCES AND EXITS, ONE IN FRONT AND ONE ON RIGHT SIDE.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200006

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LIBERTY HEIGHTS CAFE, INC.

DOING BUSINESS AS LIBERTY HEIGHTS CAFE

ADDRESS 1511 GRAFTON ROAD

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: DILEO, DAMIAN C. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5 ENTRANCES AND 5 EXITS, ONE FLOOR, THREE ROOMS, CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LOCAL LICENSING AUTHORITY

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200011

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHARLES F. MINNEY POST VFW #3329

DOING BUSINESS A FOREIGN WARS 3329 INC.

ADDRESS 16 SO. MAIN ST.

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: Marcelli, William

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE BAR, ONE SERVICE BAR, FOUR RESTROOMS, MAIN ASSEMBLY HALL, KITCHEN, STORAGE ROOM, CELLAR AND OFFICE, MEMBERS ROOM. FIVE MAIN ENTRANCES, ONE SECONDARY ENTRANCE AND EXIT

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200012

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BELFONT HOUSE INC.

DOING BUSINESS AS BELFONT HOUSE

ADDRESS 011-13 SOUTH MAIN ST.

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: O'GASSIAN,  
BERNICE M.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 FRONT ENTRANCES AND EXITS AND 3 REAR EXITS. THREE FLOORS, FIVE ROOMS ON THIRD FLOOR, UNFINISHED. SAID PREMISES ALSO CONTAIN A CELLAR USED FOR STORAGE OF STOCK. ALTER IS TO INCLUDE AN OUTDOOR DECK.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200013

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE NEW ST. CHARLES HOTEL, INC.

DOING BUSINESS AS

ADDRESS 126 WEST MAIN ST.

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: MCKENNEY,  
THOMAS L.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4 ENTRANCES, 3 FLOORS, FIRST FLOOR BAR, AND TWO DINING ROOMS, SECOND FLOOR,  
9 ROOMS, THIRD FLOOR NOT IN USE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200014

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE WHEELOCK INN LLC

DOING BUSINESS AS

ADDRESS 82 WHEELOCK

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: NEVALSKY,  
STEVEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES AND THREE EXITS, ONE FLOOR, TWO ROOMS ON FLOOR AND CELLAR  
FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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LOCAL LICENSING AUTHORITY

By:

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DATE:





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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200015

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HJMP Corporation

DOING BUSINESS AS ROBERTS PACKAGE STORE

ADDRESS 123 MAIN ST

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: Patel, Mehul

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT AND REAR ENTRANCES AND EXITS/ ONE FRONT AND ONE REAR ROOM. CELLAR FOR STOCK

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200018

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DANIEL P. SPRING

DOING BUSINESS AS JT'S CORNER STORE

ADDRESS 238 MILLBURY AVE

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: SPRING, DANIEL P.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE ROOM, FRONT AND BACK DOORS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200019

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DOUGLAS PACKAGE STORE INC.

DOING BUSINESS A LENNYS LIQUORS

ADDRESS 148 WORCESTER PROVIDENCE TPK.

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: WNUKOWSKI,  
DAVID J.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ROUTE 146, 148 WORCESTER PROVIDENCE TURNPIKE, PACKAGE STEEL BUILDING TWO STORY, FRONT OF BUILDING HAS ONE DOUBLE DOOR ENTRANCE. THERE ARE THREE OTHER STANDARD DOORS, ALSO ONE OVERHEAD GARAGE TYPE DOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200020

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VILLAGE KNOLL VARIETY INC

DOING BUSINESS AS VILLAGE KNOLL VARIETY

ADDRESS 105-07 WEST MAIN ST.

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: JEZYK, DANIEL L TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

VARIETY STORE SELLING FOOD, WINE AND MALT ON FIRST FLOOR OF A TWO STORY BLDG. ENTRANCE AND EXIT ON WEST MAIN ST SIDE OF BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200021

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BAK, INC.

DOING BUSINESS AS SCANNELS PACKAGE STORE

ADDRESS 34 MAIN ST.

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: MURPHY, JOHN P. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE AND ONE EXIT, TWO ROOMS, CELLAR FOR STOCK

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200024

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SIXTY ELM, INC.

DOING BUSINESS AS A & D PIZZA

ADDRESS 60 ELM STREET

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: ANDRIANOPOULOS, GEORGE  
TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

3,500 SQ. FT. REST. SPACE, MAIN DINING ROOM DIVIDED INTO TWO DINING AREAS BY A FOUR FT. HIGH PARTITION, STORAGE AREA, KITCHEN, FULL RESTROOM FACILITIES. TWO ENTRANCES & EXITS, ONE TO ELM ST. AND ONE TO PARKING AREA. ALSO ENTRANCE & EXIT IN KITCHEN. INCLUDE OUTDOOR PATIO FOR DINING

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200027

CITY OR TOWN **MILLBURY**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **GOLFVIEW CORP**

DOING BUSINESS AS **CLEARVIEW COUNTRY CLUB**

ADDRESS **66 PARK HILL AVE**

CITY/TOWN: **MILLBURY**

STATE: **MA**

ZIP CODE: **01527**

MANAGER: **LOOMIS, NEIL**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**LARGE FUNCTION ROOM WITH BAR AREA, TWO ENTRANCES AND EXITS. UPPER LEVEL;  
FUNCTION ROOM WITH BAR, TWO ENT/EXITS, OFFICE. OUTSIDE DECK. STORAGE ROOMS  
ON BOTH LEVELS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200029

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KAREN A. MC GOVERN

DOING BUSINESS AS PUFFIN'S RESTAURANT

ADDRESS 95 MAIN ST

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: MC GOVERN,  
KAREN A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM AND KITCHEN LOCATED ON THE FIRST FLOOR OF BLDG WITH  
RESTROOM. ONE ENTRANCE/EXIT IN KITCHEN & SERVING AREA. TOTAL S/F 1,088, 210  
SQ FT OF KITCHEN, 878 SQ. FT. OF CUSTOMER SERVICE AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200031

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GORETTI SUPERMARKET

DOING BUSINESS AS

ADDRESS 1 PROVIDENCE STREET

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: GORETTI, MARK

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 PROVIDENCE STREET. 23,000 SQ. FT. OF SUPERMARKET W/17,400 SQ. FT. OF SELLING SPACE. ONE CUSTOMER ENTRY & EXIT LOCATED AT FRONT DOOR(NORTH) OF STORE. 3 EMERGENCY EXITS, SOUTH, EAST AND NORTHEAST AND 1 RECEIVING ENTRANCE ON NORTHEAST. BEER/WINE AREA WILL BE ON NORTHWEST CORN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200032

CITY OR TOWN **MILLBURY**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **RIVERSIDE INC.**

DOING BUSINESS AS **RIVERSIDE MART**

ADDRESS **54 CANAL ST**

CITY/TOWN: **MILLBURY**

STATE: **MA**

ZIP CODE: **01527**

MANAGER: **EL-MASSIH, FADI** TYPE OF LICENSE: **Package Store** CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**RETAIL STORE WITH TWO EXITS AND ONE ENTRANCE. WALK IN COOLER IN REAR OF STORE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200034

CITY OR TOWN **MILLBURY**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **APPLE NEW ENGLAND LLC**

DOING BUSINESS AS **APPLEBEE'S NEIGHBORHOOD GRILL & BAR**

ADDRESS **ROUTE 146**

CITY/TOWN: **MILLBURY**

STATE: **MA**

ZIP CODE: **01527**

MANAGER: **TOUSIGNANT,  
KENNETH L.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**FULL SERVICE REST. FACILITY, CONTAINING APPROX 5000 SQFT OF GROSS FLOOR  
AREA. KITCHEN, DINING ROOM, BAR, SEATING 198 PEOPLE.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200035

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RARE HOSPITALITY INT. INC.

DOING BUSINESS AS LONGHORN STEAKHOUSE OF MILLBURY

ADDRESS 70 WORCESTER PROVIDENCE DR.

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: Purvis, David Alan

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200036

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TGI FRIDAY'S INC

DOING BUSINESS AS TGI FRIDAY'S

ADDRESS ROUTE 146

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: CROSBY, NICOLE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200037

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: QUINCY AMUSEMENTS, INC.

DOING BUSINESS AS SHOWCASE CINEMA DE LUX

ADDRESS ROUTE 146

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: TEMPLE, SCOTT

TYPE OF LICENSE: General on  
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE RESTAURANT SEATING SOTO ALSO INCLUDE AUDITORIA THAT RANGE IN  
CAPACITY FROM 106 TO 486 SEATS.. NO MORE THAN 4 AUDITORIA TO BE USED AT ONE  
TIME

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200038

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UR OF MILLBURY MA LLC

DOING BUSINESS AS UNO CHICAGO GRILL

ADDRESS 70 WORCESTER PROVIDENCE HWY.

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: BAILEY,  
CHRISTOPHER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT WITH DINING AREA, BAR, LOUNGE AREA, KITCHEN,  
STORAGE AND PUBLIC RESTROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200039

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROUND ROBIN OF MILLBURY LLC

DOING BUSINESS AS RED ROBIN, AMERICAN'S GOURMET BURGERS & SPIRITS

ADDRESS ROUTE 146

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: Carabetta, Michael

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

RESTAURANT BLDG. INCLUDING KITCHEN, DINING AREA, BAR AREA, GALLEY, RECEIVING AREA, RESTROOMS, HANDICAPPED RESTROOM, STORAGE AREA WALK-IN COOLER, FREEZER, BEER COOLER. 243 SEATS INCLUDING 24 PATIO SEATS AND 10 SEATS AT BAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200043

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CALABRIA RESTAURANT INCORPORATED

DOING BUSINESS AS CALABRIA RESTAURANT

ADDRESS 7 SOUTH MAIN STREET

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: RITACCOM  
CONGETTA S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FL. DINING AREA CONSISTING OF 2 ROOMS, BAR, FOYER, AND SIDEWALK AREA.  
KITCHEN AND RESTROOMS IN THE REAR OF THE FIRST FLOOR AND  
STORAGE AREA IN CELLAR, TWO FRONT ENTRANCE/EXIT DOORS AND ONE DOOR IN  
THE REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200044

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FENG IV LTD

DOING BUSINESS AS FENG ASIAN BISTRO

ADDRESS 70 WORCESTER/PROVIDENCE TPK

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: CHEN, WILLIAM

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

ONE STORY STRUCTURE, CONSISTING OF A DINING ROOM/BAR AREA IN A MALL SETTING...THE BUILDING WILL HAVE ONE ENTRANCE/EXIT FROM THE DINING AREA AND ONE FROM THE KITCHEN AREA...TOTAL SEATING FOR PREMISES WILL BE 179. INCLUDED IS OUTDOOR DINING AREA FOR ADDITIONAL SEATING UPTO 22.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200045

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WINENATION MA, INC

DOING BUSINESS A WINE NATION

ADDRESS 70 WORCESTER/PROVIDENCE TURNPIKE

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: TRONE, TAYLOR TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200046

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZRC OPERATIONS COMPANY, INC.

DOING BUSINESS AS QDOBA MEXICAN GRILL

ADDRESS 70 WPRCESTER/PROVIDENCE TPK

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: DIAZ, FRANCISCO TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2,220 SQ. FT. , 14 TABLES PLUS COUNTER SEATING; OCCUPANCY OF 63: 2 HANDICAP  
RESTROOMS; 2 EGRESSSES-FRONT AND BACK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 071200047

CITY OR TOWN MILLBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DRAKE PETROLEUM COMPANY INC.

DOING BUSINESS A MILLBURY XTRA MART

ADDRESS 100 WORCESTER/PROVIDENCE TPK

CITY/TOWN: MILLBURY

STATE: MA

ZIP CODE: 01527

MANAGER: PAQUIN,  
CYNTHIA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF 3512 S/F WITH A CUSTOMER ENTRANCE IN THE STORE FRONT..EGRESS  
LOCATED ON THE BACK WALL..AREAS ALLOCATED FOR BEER AND WINE ARE THREE  
END CAPS...ADDITIONAL STORAGE ALONG THE BACK WALL...WALK IN COOLER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)